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CONFIRMATION NO. 7729

Bib Data Sheet

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/043,700 | FILING DATE 01/11/2002 RULE | CLASS 455 | GROUP ART UNIT 2681 | ATTORNEY DOCKET NO. PU010148 |
|-----------------------------|-----------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Robert Andrew Rhodes, Carmel, IN;
Kevin Paul McReynolds, Noblesville, IN;
Michael Anthony Pugel, Noblesville, IN;
Wesley John Boyd, Cedar Rapids, IA;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/305,193 07/13/2001
AND CLAIMS BENEFIT OF 60/327,529 10/02/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 02/12/2002**

| | | | | | |
|---------------------------------|---|---------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY IN | SHEETS DRAWING 3 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

JOSEPH S. TRIPOLI
THOMSON MULTIMEDIA LICENSING INC.
2 INDEPENDENCE WAY
P.O. BOX 5312
PRINCETON , NJ 08543-5312

TITLE

Multi-mode bidirectional communications device including a diplexer having a switchable notch filter

| | | |
|----------------------------|---|--|
| FILING FEE RECEIVED 740 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |